1997

STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALL MENT PAYMENT VOLICHER

	sed on income for calendar ye	INSTALLIMENT PAYMEN ar, or	I VOUCHER	
fis	cal year commencing	, 19		
	Check one: Franchise Tax	☐ Public Service Company Tax	F	Payment Number 2
	Federal Employer I.D. No.	Hawaii GE/USE or WH I.D. No.	Estimated tax liability for the year	\$
PRINT OR TYPE	Name of company		Amount of this installment	\$
	dba (if any)		Amount of any unused overpayment credit to be applied	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money	
	Check box if address changed and	make corrections above.	order.	
		DUE DATES FOR MONTHLY PAYM	ENTS:	
			0, 1997, for calendar year taxpayers and d month after the close of the fiscal year	
		See Instructions o	n the reverse side.	Form FP-1
		STATE OF HAWAII — DEPARTMEN FRANCHISE TA)	T OF TAXATION	R STAPLE IN THIS SPACE
1	997	PUBLIC SERVICE COM INSTALLMENT PAYMEN	PANY TAX	
Ва	sed on income for calendar ye		IVOOCHER	
	cal year commencing			
	Check one: Franchise Tax	☐ Public Service Company Tax	F	Payment Number 1
	Federal Employer I.D. No.	Hawaii GE/USE or WH I.D. No.	Estimated tax liability for the year	\$
PRINT OR TYPE	Name of company		Amount of this installment	\$
	dba (if any)		Amount of any unused overpayment credit to be applied	\$
PRIN	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MON TO "HAWAII STATE TAX COLLECTOR."	
	Chack how if address changed and	make corrections above	Write your Federal Employer I.D. Number on order.	your check or money

DUE DATES FOR MONTHLY PAYMENTS:

Payment due on or before January 10, 1997, for calendar year taxpayers and on or before the 10th day of the first month after the close of the fiscal year for fiscal year taxpayers.

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Act 38, Session Laws of Hawaii 1992, provides for the franchise or public service company tax to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the public service company tax in four equal installments under section 239-7, HRS, or the franchise tax in four equal installments under section 241-5, HRS.

GENERAL INSTRUCTIONS

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 1996, or fiscal year commencing on month 1, 1996)
- 2. Check, in the appropriate box, what type of taxpaver you are
- 3. Enter the name, address, federal employer's identification number (FEIN), and the Hawaii general excise/use or withholding identification number
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 1996 Hawaii tax return to your tax for 1997, all or part of the overpayment may be applied to any voucher Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail it to the Hawaii Department of Taxation even though line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the Hawaii State Tax Collector in payment of the tax. Include your federal employer's I. D. (FEIN) number on the check or money order. Do not send cash through the mail.
- Detach the voucher at the perforation and mail with the required payment to the appropriate address shown below

Oahu District Office P.O. Box 1530 Honolulu, HI 96806-1530 (830 Punchbowl Street) Maui District Office P.O. Box 913 Wailuku, HI 96793-0913 (54 High Street) **Hawaii District Office** P.O. Box 1377 Hilo, HI 96721-1377 (75 Aupuni Street) Kauai District Office P.O. Box 1688 Lihue, HI 96766-5688 (3060 Eiwa Street)

How to Use the Payment Voucher

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Act 38, Session Laws of Hawaii 1992, provides for the franchise or public service company tax to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the public service company tax in four equal installments under section 239-7, HRS, or the franchise tax in four equal installments under section 241-5, HRS.

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 1996, or fiscal year commencing or month 1, 1996)
- 2. Check, in the appropriate box, what type of taxpayer you are
- 3. Enter the name, address, federal employer's identification number (FEIN), and the Hawaii general excise/use or withholding identification number
- 4. Enter on line 1, your total estimated tax liability for the year
- 5. If you have applied an overpayment of tax on your 1996 Hawaii tax return to your tax for 1997, all or part of the overpayment may be applied to any voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail it to the Hawaii Department of Taxation even though line 4 is zero
- 7. Attach to the voucher a check or money order made payable to the Hawaii State Tax Collector in payment of the tax. Include your federal employer's I. D. (FEIN) number on the check or money order. Do not send cash through the mail
- 8. Detach the voucher at the perforation and mail with the required payment to the appropriate address shown below

1997

STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALL MENT PAYMENT VOLICHER

Ba	sed on income for calendar yea		VOUCHER		
fiso	cal year commencing	, 19			
	Check one: Franchise Tax	☐ Public Service Company Tax	F	Payment Number 4	
	Federal Employer I.D. No.	Hawaii GE/USE or WH I.D. No.	Estimated tax liability for the year	\$	
rype	Name of company		Amount of this installment	\$	
r or 1	dba (if any)		Amount of any unused overpayment credit to be applied	\$	
PRINT OR TYPE	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$	
	City, State, and ZIP Code Check box if address changed and make corrections above.		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order.		
		DUE DATES FOR MONTHLY PAYM	ENTS:		
		Payment due on or before April 10, 19	1997, for calendar year taxpayers and on on on the fiscal year for		
		DUE DATES FOR QUARTERLY PAY	YMENTS:		
		Payment due on or before April 20, 1997, for calendar year taxpayers and on or before the 20th day of the fourth month following the close of the fiscal year for fiscal year taxpayers.			
		See Instructions o	n the reverse side.	Form FP-1	
(RE		STATE OF HAWAII — DEPARTMEN FRANCHISE TAX PUBLIC SERVICE COM INSTALLMENT PAYMEN	OR TAXATION	R STAPLE IN THIS SPACE	
	sed on income for calendar yea				
tis	cal year commencing	, 19			
	Check one:	☐ Public Service Company Tax	F	Payment Number 3	
	Federal Employer I.D. No.	Hawaii GE/USE or WH I.D. No.	Estimated tax liability for the year	\$	
PRINT OR TYPE	Name of company		Amount of this installment	\$	
	dba (if any)		Amount of any unused overpayment credit to be applied	\$	
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$	
	City, State, and ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MONTO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on	NEY ORDER PAYABLE	

DUE DATES FOR MONTHLY PAYMENTS:

Check box if address changed and make corrections above.

Payment due on or before March 10, 1997, for calendar year taxpayers and on or before the 10th day of the third month after the close of the fiscal year for fiscal year taxpayers.

order.

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Act 38, Session Laws of Hawaii 1992, provides for the franchise or public service company tax to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the public service company tax in four equal installments under section 239-7, HRS, or the franchise tax in four equal installments under section 241-5, HRS.

GENERAL INSTRUCTIONS

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 1996, or fiscal year commencing on month 1, 1996)
- 2. Check, in the appropriate box, what type of taxpaver you are
- 3. Enter the name, address, federal employer's identification number (FEIN), and the Hawaii general excise/use or withholding identification number
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 1996 Hawaii tax return to your tax for 1997, all or part of the overpayment may be applied to any voucher Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail it to the Hawaii Department of Taxation even though line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the Hawaii State Tax Collector in payment of the tax. Include your federal employer's I. D. (FEIN) number on the check or money order. Do not send cash through the mail.
- Detach the voucher at the perforation and mail with the required payment to the appropriate address shown below

Oahu District Office P.O. Box 1530 Honolulu, HI 96806-1530 (830 Punchbowl Street) Maui District Office P.O. Box 913 Wailuku, HI 96793-0913 (54 High Street) **Hawaii District Office** P.O. Box 1377 Hilo, HI 96721-1377 (75 Aupuni Street) Kauai District Office P.O. Box 1688 Lihue, HI 96766-5688 (3060 Eiwa Street)

How to Use the Payment Voucher

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Act 38, Session Laws of Hawaii 1992, provides for the franchise or public service company tax to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the public service company tax in four equal installments under section 239-7, HRS, or the franchise tax in four equal installments under section 241-5, HRS.

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 1996, or fiscal year commencing or month 1, 1996)
- 2. Check, in the appropriate box, what type of taxpayer you are
- 3. Enter the name, address, federal employer's identification number (FEIN), and the Hawaii general excise/use or withholding identification number
- 4. Enter on line 1, your total estimated tax liability for the year
- 5. If you have applied an overpayment of tax on your 1996 Hawaii tax return to your tax for 1997, all or part of the overpayment may be applied to any voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail it to the Hawaii Department of Taxation even though line 4 is zero
- 7. Attach to the voucher a check or money order made payable to the Hawaii State Tax Collector in payment of the tax. Include your federal employer's I. D. (FEIN) number on the check or money order. Do not send cash through the mail
- 8. Detach the voucher at the perforation and mail with the required payment to the appropriate address shown below

1997

STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALL MENT PAYMENT VOLICHER

		INSTALLIVIENT PATIVIENT	VOUCHER		
	sed on income for calendar yea				
TIS	cal year commencing	, 19			
	Check one: Franchise Tax	☐ Public Service Company Tax	F	Payment Number 6	
	Federal Employer I.D. No.	Hawaii GE/USE or WH I.D. No.			
			Estimated tax liability for the year	. \$	
/PE	Name of company		2 Amount of this installment	¢	
PRINT OR TYPE	dba (if any)		2. Amount of this installment	· \$	
	(i. d.i.y)		Amount of any unused overpayment credit to be applied	. \$	
	Address (number and street)		Amount of this payment.		
PR			(Line 2 minus line 3.)	\$	
	City, State, and ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MO	NEY ORDER PAYABLE	
			TO "HAWAII STATE TAX COLLECTOR."		
	Check box if address changed and r	naka corrections above	Write your Federal Employer I.D. Number or order.	your cneck or money	
	_ Check box if address changed and i	make corrections above.			
		DUE DATES FOR MONTHLY PAYMI	ENTS:		
		·	e on or before June 10, 1997, for calendar year taxpayers and on e 10th day of the sixth month after the close of the fiscal year for axpayers.		
		fiscal year taxpayers.			
		DUE DATES FOR QUARTERLY PAY			
		Payment due on or before June 20, 1997, for calendar year taxpayers and on or before the 20th day of the sixth month following the close of the fiscal year for fiscal year taxpayers.			
		See Instructions of	n the reverse side.	Form FP-1	
	orm FP-1 V. 1996)	STATE OF HAWAII — DEPARTMENT FRANCHISE TAX	I OF TAXATION	R STAPLE IN THIS SPACE	
1	007	PUBLIC SERVICE COM	PANY TAX		
1		INSTALLMENT PAYMENT	「 VOUCHER		
	sed on income for calendar yea				
tisc	cal year commencing	, 19			
	Check one: Franchise Tax	☐ Public Service Company Tax	F	Payment Number 5	
	Federal Employer I.D. No.	Hawaii GE/USE or WH I.D. No.			
			Estimated tax liability for the year	. \$	
ТҮР	Name of company		Amount of this installment	- \$	
	dba (if any)		Amount of any unused overpayment credit to be applied	. \$	
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$	
	City, State, and ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MOI TO "HAWAII STATE TAX COLLECTOR."	'	
	Check box if address changed and r	nake corrections above.	Write your Federal Employer I.D. Number or order.	your check or money	

DUE DATES FOR MONTHLY PAYMENTS:

Payment due on or before May 10, 1997, for calendar year taxpayers and on or before the 10th day of the fifth month after the close of the fiscal year for fiscal year taxpayers.

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Act 38, Session Laws of Hawaii 1992, provides for the franchise or public service company tax to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the public service company tax in four equal installments under section 239-7, HRS, or the franchise tax in four equal installments under section 241-5, HRS.

GENERAL INSTRUCTIONS

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 1996, or fiscal year commencing on month 1, 1996)
- 2. Check, in the appropriate box, what type of taxpaver you are
- 3. Enter the name, address, federal employer's identification number (FEIN), and the Hawaii general excise/use or withholding identification number
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 1996 Hawaii tax return to your tax for 1997, all or part of the overpayment may be applied to any voucher Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail it to the Hawaii Department of Taxation even though line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the Hawaii State Tax Collector in payment of the tax. Include your federal employer's I. D. (FEIN) number on the check or money order. Do not send cash through the mail.
- Detach the voucher at the perforation and mail with the required payment to the appropriate address shown below

Oahu District Office P.O. Box 1530 Honolulu, HI 96806-1530 (830 Punchbowl Street) Maui District Office P.O. Box 913 Wailuku, HI 96793-0913 (54 High Street) **Hawaii District Office** P.O. Box 1377 Hilo, HI 96721-1377 (75 Aupuni Street) Kauai District Office P.O. Box 1688 Lihue, HI 96766-5688 (3060 Eiwa Street)

How to Use the Payment Voucher

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Act 38, Session Laws of Hawaii 1992, provides for the franchise or public service company tax to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the public service company tax in four equal installments under section 239-7, HRS, or the franchise tax in four equal installments under section 241-5, HRS.

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 1996, or fiscal year commencing or month 1, 1996)
- 2. Check, in the appropriate box, what type of taxpayer you are
- 3. Enter the name, address, federal employer's identification number (FEIN), and the Hawaii general excise/use or withholding identification number
- 4. Enter on line 1, your total estimated tax liability for the year
- 5. If you have applied an overpayment of tax on your 1996 Hawaii tax return to your tax for 1997, all or part of the overpayment may be applied to any voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail it to the Hawaii Department of Taxation even though line 4 is zero
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- 8. Detach the voucher at the perforation and mail with the required payment to the appropriate address shown below

1997

STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALL MENT PAYMENT VOLICHER

		INSTALLMENT PAYMENT	I VOUCHER	
	sed on income for calendar yea cal year commencing			
	Check one: Franchise Tax	☐ Public Service Company Tax	F	Payment Number 8
	Federal Employer I.D. No.	Hawaii GE/USE or WH I.D. No.		
			Estimated tax liability for the year	\$
PRINT OR TYPE	Name of company		Amount of this installment	\$
	dba (if any)		Amount of any unused overpayment credit to be applied	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money	
	Check box if address changed and r	make corrections above.	order.	
		DUE DATES FOR MONTHLY PAYM	ENTS:	
			. 1997, for calendar year taxpayers and n month after the close of the fiscal year	
		See Instructions of	n the reverse side.	Form FP-1
(REV. 1996) FRANCHISE		STATE OF HAWAII — DEPARTMEN	TOF TAXATION (OR	R STAPLE IN THIS SPACE
1	997	PUBLIC SERVICE COM INSTALLMENT PAYMENT		
Ba	sed on income for calendar yea		I VOOCHER	
		, 19		
	Check one: Franchise Tax	☐ Public Service Company Tax	E	Payment Number 7
Г	Federal Employer I.D. No.	Hawaii GE/USE or WH I.D. No.		ayınıcını muniber <i>t</i>
			Estimated tax liability for the year	\$
PRINT OR TYPE	Name of company		Amount of this installment	\$
	dba (if any)		Amount of any unused overpayment credit to be applied	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MON TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on	
	Check box if address changed and i	make corrections above.	order.	•

DUE DATES FOR MONTHLY PAYMENTS:

Payment due on or before July 10, 1997, for calendar year taxpayers and on or before the 10th day of the seventh month after the close of the fiscal year for fiscal year taxpayers.

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Act 38, Session Laws of Hawaii 1992, provides for the franchise or public service company tax to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the public service company tax in four equal installments under section 239-7, HRS, or the franchise tax in four equal installments under section 241-5, HRS.

GENERAL INSTRUCTIONS

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 1996, or fiscal year commencing on month 1, 1996)
- 2. Check, in the appropriate box, what type of taxpaver you are
- 3. Enter the name, address, federal employer's identification number (FEIN), and the Hawaii general excise/use or withholding identification number
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 1996 Hawaii tax return to your tax for 1997, all or part of the overpayment may be applied to any voucher Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail it to the Hawaii Department of Taxation even though line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the Hawaii State Tax Collector in payment of the tax. Include your federal employer's I. D. (FEIN) number on the check or money order. Do not send cash through the mail.
- Detach the voucher at the perforation and mail with the required payment to the appropriate address shown below

Oahu District Office P.O. Box 1530 Honolulu, HI 96806-1530 (830 Punchbowl Street) Maui District Office P.O. Box 913 Wailuku, HI 96793-0913 (54 High Street) **Hawaii District Office** P.O. Box 1377 Hilo, HI 96721-1377 (75 Aupuni Street) Kauai District Office P.O. Box 1688 Lihue, HI 96766-5688 (3060 Eiwa Street)

How to Use the Payment Voucher

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Quarterly Payment Taxpayers.—Use this form to report and pay the public service company tax in four equal installments under section 239-7, HRS, or the franchise tax in four equal installments under section 241-5, HRS.

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 1996, or fiscal year commencing or month 1, 1996)
- 2. Check, in the appropriate box, what type of taxpayer you are
- 3. Enter the name, address, federal employer's identification number (FEIN), and the Hawaii general excise/use or withholding identification number
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- 5. If you have applied an overpayment of tax on your 1996 Hawaii tax return to your tax for 1997, all or part of the overpayment may be applied to any voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail it to the Hawaii Department of Taxation even though line 4 is zero
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1997

STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALL MENT PAYMENT VOLICHER

	sed on income for calendar yea		I VOUCHER	
fis	cal year commencing	, 19		
	Check one: Franchise Tax	☐ Public Service Company Tax	Pa	ayment Number 1
	Federal Employer I.D. No.	Hawaii GE/USE or WH I.D. No.	Estimated tax liability for the year	\$
PRINT OR TYPE	Name of company		Amount of this installment	\$
	dba (if any) Address (number and street)		Amount of any unused overpayment credit to be applied	\$
			4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and ZIP Code Check box if address changed and in	nake corrections above.	MAIL THIS VOUCHER WITH CHECK OR MON TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on order.	
		DUE DATES FOR MONTHLY PAY	MENTS.	
			0, 1997, for calendar year taxpayers and th month after the close of the fiscal year	
		See Instructions of	n the reverse side.	Form FP-1
	orm FP-1 EV. 1996)	STATE OF HAWAII — DEPARTMEN FRANCHISE TAX PUBLIC SERVICE COM NSTALLMENT PAYMENT	TOFTAXATION (OR PANY TAX	R STAPLE IN THIS SPACE
	sed on income for calendar yea			
fis	cal year commencing	, 19		
	Check one: Franchise Tax	☐ Public Service Company Tax	F	Payment Number 9
PRINT OR TYPE	Federal Employer I.D. No.	Hawaii GE/USE or WH I.D. No.	Estimated tax liability for the year	\$
	Name of company		Amount of this installment	\$
	dba (if any)		Amount of any unused overpayment credit to be applied	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MON TO "HAWAII STATE TAX COLLECTOR."	NEY ORDER PAYABLE

DUE DATES FOR MONTHLY PAYMENTS:

Check box if address changed and make corrections above.

Payment due on or before September 10, 1997, for calendar year taxpayers and on or before the 10th day of the ninth month after the close of the fiscal year for fiscal year taxpayers.

DUE DATES FOR QUARTERLY PAYMENTS:

Payment due on or before September 20, 1997, for calendar year taxpayers and on or before the 20th day of the ninth month following the close of the fiscal year for fiscal year taxpayers.

See Instructions on the reverse side.

Write your Federal Employer I.D. Number on your check or money

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Act 38, Session Laws of Hawaii 1992, provides for the franchise or public service company tax to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the public service company tax in four equal installments under section 239-7, HRS, or the franchise tax in four equal installments under section 241-5, HRS.

GENERAL INSTRUCTIONS

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 1996, or fiscal year commencing on month 1, 1996)
- 2. Check, in the appropriate box, what type of taxpaver you are
- 3. Enter the name, address, federal employer's identification number (FEIN), and the Hawaii general excise/use or withholding identification number
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 1996 Hawaii tax return to your tax for 1997, all or part of the overpayment may be applied to any voucher Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail it to the Hawaii Department of Taxation even though line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the Hawaii State Tax Collector in payment of the tax. Include your federal employer's I. D. (FEIN) number on the check or money order. Do not send cash through the mail.
- Detach the voucher at the perforation and mail with the required payment to the appropriate address shown below

Oahu District Office P.O. Box 1530 Honolulu, HI 96806-1530 (830 Punchbowl Street) Maui District Office P.O. Box 913 Wailuku, HI 96793-0913 (54 High Street) **Hawaii District Office** P.O. Box 1377 Hilo, HI 96721-1377 (75 Aupuni Street) Kauai District Office P.O. Box 1688 Lihue, HI 96766-5688 (3060 Eiwa Street)

How to Use the Payment Voucher

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- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 1996, or fiscal year commencing or month 1, 1996)
- 2. Check, in the appropriate box, what type of taxpayer you are
- 3. Enter the name, address, federal employer's identification number (FEIN), and the Hawaii general excise/use or withholding identification number
- 4. Enter on line 1, your total estimated tax liability for the year
- 5. If you have applied an overpayment of tax on your 1996 Hawaii tax return to your tax for 1997, all or part of the overpayment may be applied to any voucher being used.
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1997

STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALL MENT PAYMENT VOLICHER

Ba	33 Instantion of the second	_	PAYMENT VOUCHER
	cal year commencing _	, 19	
	Check one: Franch	nise Tax Public Service Co	mpany Tax Payment Number 12
	Federal Employer I.I		· ognition i
PRINT OR TYPE	Name of company		2. Amount of this installment
	dba (if any)		Amount of any unused overpayment
	Address (number and stree	et)	credit to be applied
<u> </u>	City, State, and ZIP Code		(Line 2 minus line 3.)
	Check box if address cha	inged and make corrections above.	orac.
			ore December 10, 1997, for calendar year taxpayers th day of the twelfth month after the close of the fiscal
		DUE DATES FOR QUA	ARTERLY PAYMENTS:
			ore December 20, 1997, for calendar year taxpayers Oth day of the twelfth month following the close of the r taxpayers.
		See Ins	tructions on the reverse side. Form FP-1
(RE	orm FP-1 EV. 1996)	FRANC PUBLIC SERV INSTALLMENT I	DO NOT WRITE OR STAPLE IN THIS SPACE HISE TAX OR ICE COMPANY TAX PAYMENT VOUCHER
	sed on income for cale cal year commencing _	ndar year, or , 19	
	Check one:	nise Tax Public Service Co	mpany Tax Payment Number 11
PRINT OR TYPE	Federal Employer I.I	D. No. Hawaii GE/USE or	
	Name of company	-	2. Amount of this installment
	dba (if any)		3. Amount of any unused overpayment credit to be applied \$
	Address (number and stree	et)	4. Amount of this payment. (Line 2 minus line 3.)
	City, State, and ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR."

DUE DATES FOR MONTHLY PAYMENTS:

Check box if address changed and make corrections above.

Payment due on or before November 10, 1997, for calendar year taxpayers and on or before the 10th day of the eleventh month after the close of the fiscal year for fiscal year taxpayers.

Write your Federal Employer I.D. Number on your check or money

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